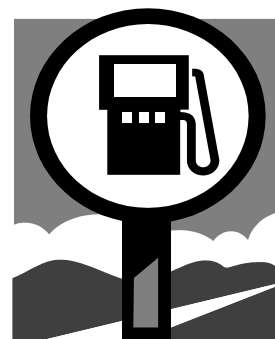


## GAS CARD CONTACT FORM

Submit form to [leslie.grigsby@phs.hctx.net](mailto:leslie.grigsby@phs.hctx.net) at the beginning of each contract term. This form can be downloaded from [www.hcphes.org/rwga](http://www.hcphes.org/rwga) (under Grants Management, Forms & Instructions). **Changes to Agency Contact should be reported on this form and resubmitted to [leslie.grigsby@phs.hctx.net](mailto:leslie.grigsby@phs.hctx.net).**



<b>AGENCY NAME:</b>				
<b>CONTACT PERSON:</b> (List one main contact staff)				
<b>PHONE #:</b>				
<b>FAX #:</b>				
<b>EMAIL ADDRESS:</b>				
Will Contact be responsible for the physical storage of gas cards?		YES		NO
Will Contact distribute gas cards to clients?		YES		NO
Will Contact distribute gas cards to Case Management staff?		YES		NO
Is Contact responsible for inventory management of gas cards?		YES		NO
Does Contact have "rights" to run CPCDMS reports ( <b>required</b> )?		YES		NO

\_\_\_\_\_  
NAME OF SUPERVISOR (Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONTACT NAME (Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**All contacts must attend an annual orientation session as required by Ryan White Grant Administration.**